

COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
Capital Complex East, 1025 Capital Center Drive, Suite 104
Frankfort, KY 40601
PHONE: 502-564-7954 OR 800-664-7954
FACSIMILE: (502) 695-5939
ETHICSFILER@KY.GOV

RECEIVED

FEB 15 2019

Executive Branch
Ethics Commission

STATEMENT OF FINANCIAL DISCLOSURE

For Calendar Year 2018

COMPLETE ALL SECTIONS WITHOUT LEAVING ANY SECTION BLANK

EXECUTIVE BRANCH OFFICERS: Submit by one of the prescribed methods by April 15 or within 30 days of separation from an officer position. (KRS 11A.050(1)(a))

CANDIDATES FOR CONSTITUTIONAL OFFICE: Submit by one of the prescribed methods by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

**STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE
AVAILABLE FOR PUBLIC REVIEW**

ANSWER EVERY QUESTION

1. Name: Last **COLEMAN** First **JACQUELINE** Middle or Maiden **LAYNE**

2. Home Street Address: **n Street**

City: **Harrodsburg** State: **KY** Zip: **40330-**

Home Phone: () - Home E-mail address: **@gmail.com**

Mobile Phone: **(8) - 343**

3. If you are a candidate for a constitutional office, check appropriate box:

☐ Agriculture Commissioner
☐ Attorney General
☐ Auditor of Public Accounts
☐ Governor

☒ Lt. Governor
☐ Secretary of State
☐ State Treasurer
☐ NOT A CANDIDATE

4. Title of Position or office in 2018 that requires filing: **Candidate For Constitutional Office In 2019**

Beginning Date: **Entered the race on July 9, 2018. Still a candidate.**

Do you still occupy this position? Yes ☒ No ☐ If no, ending date:

STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: **Choose an item.**
Department or Office:
Division:

Work Street Address:

City: _____ State: _____ Zip: _____
Work Phone: () - Work E-mail address: _____
Ext. _____

If not employed by state agency, current employer: **Central Kentucky Educational Cooperative**

Work Address: **2100 Fortune Drive**

City: **Lexington** State: **KY** Zip: **40509-**

Title of any other state jobs or positions you held during the reporting year, including state government agency name.
NONE ☒

5. Name and address of any other employers (including self-employment) during reporting year: **NONE** ☐

Employer: **Nelson County Schools**

Work Address: **1070 Bloomfield Road**

City: **Bardstown** State: **KY** Zip: **40004**

Employer: **University of Kentucky**

Work Address: **251 Scott St.**

City: **Lexington** State: **KY** Zip: **40508**

Employer: **Campbellsville University**

Work Address: **1 University Drive**

City: **Campbellsville** State: **KY** Zip: **42718**

6. Marital status:

☐ Single

☒ Married

☐ Widowed

(if event occurred prior to calendar year 2018 skip to Question 8.)

☐ Divorced

(if event occurred prior to calendar year 2018 skip to Question 8.)

If married, please give spouse's full name (including maiden name where applicable):

Last: **O'BRYAN**

First: **CHRISTOPHER**

Middle: **ALAN**

7a. Spouse's current employer and employer's address:

NONE ☐

Employer: **Frankfort Independent Schools**

Work Address: **328 Shelby Street**

City: **Frankfort** State: **KY** Zip: **40601-**

Work Phone: **(502) 875-8655**

Work E-mail address:

christopher.obryan@frankfort.kyschools.u

7b. Spouse's position: **Teacher/Basketball Coach**

7c. Other employers of Spouse (including self-employment during reporting year)

NONE ☐

Jessamine County Schools

871 Wilmore Road

Nicholasville, Ky., 40356

8. List the full name of each dependent child of you and/or your spouse:

NONE ☐

Il O'Bryan

9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business:

NONE ☐

**Fitness EDGE
900 S. College St.
Harrodsburg, Ky., 40330**

10. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business:

NONE ☐

**Fitness EDGE
900 S. College St.
Harrodsburg, Ky., 40330**

11. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

NONE ☐

**Fitness EDGE
900 S. College St.
Harrodsburg, Ky., 40330**

12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source.

NONE ☐

**Fitness EDGE
900 S. College St.
Harrodsburg, Ky., 40330**

13. Provide the name and address of all sources of retainers received by you or your spouse relating to matters of the state agency for which you work or supervise or of any other entity of state government for which you would serve in a decision-making capacity.

NONE ☒

14. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

NONE ☒

15. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000):

NONE ☐

**Primary Residence
1 Street
Harrodsburg, Ky. 40330**

16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family. NONE ☒

17. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: NONE ☐

Student Loan
Department of Education
FedLoan Servicing
P.O. Box 530210
Atlanta, Ga., 30353

Home Mortgage
U.S. Bank
P.O. Box 790179
St. Louis, Mo., 63179

18. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO ☒

YES ☐

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED
IN THIS STATEMENT OF FINANCIAL DISCLOSURE
IS COMPLETE AND ACCURATE.**

SIGN AND SEND TO THE EXECUTIVE BRANCH ETHICS COMMISSION AS DESCRIBED BELOW.

Signature

Jacqueline Layne Coleman

Date:

2/15/19

Typed or printed name

Jacqueline Layne Coleman

PENALTIES:

WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. **KRS 11A.990(2).**

FINES: Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than \$5,000. **KRS 11A.100(3).**

When you have answered every question, PRINT the Disclosure, SIGN it, and SUBMIT it by:
ELECTRONIC MAIL: EthicsFiler@ky.gov
FAX: (502) 695-5939
IN PERSON or by U.S. MAIL:

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